

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
HEALTH CARE FINANCING ADMINISTRATION

TRANSMITTAL NUMBER

0 4 — 0 4 Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 4, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$2,326,894

b. FFY 2005 \$5,447,520

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A&B, Suppl. 1, pp. 6.1-6.4
Attachment 3.1-C, 12.3, 12.4 and 139. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Same section, pp. 6.1-6.2
Same section, pp. 12.3 and 13

10. SUBJECT OF AMENDMENT:

Residential Community Mental Health Services

11. GVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Secretary, Health
and Human Resources

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Patrick W. Finnerty

14. TITLE:

Director, Dept. Medical Asst. Services

15. DATE SUBMITTED:

February 23, 2004

16. RETURN TO:

Dept. of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

Attn.: Regulatory Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

2/27/04

18. DATE APPROVED:

MAY 24 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/4/04

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

MARY T. MCSORLEY

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

NARRATIVE FOR THE AMOUNT, DURATION AND SCOPE OF SERVICES

per day in order to provide therapeutic interventions. Day treatment programs, limited annually to 780 units, provide evaluation, medication, education and management, opportunities to learn and use daily living skills and to enhance social and interpersonal skills (e.g., problem-solving, anger management, community responsibility, increased impulse control, and appropriate peer relations, etc.), and individual, group and family psychotherapy.

TN No. 04-04
Supersedes
TN No. 99-11

Approval Date **MAY 24 2004**

Effective Date 01/04/04

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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NARRATIVE FOR THE AMOUNT, DURATION AND SCOPE OF SERVICES

F. Community Based Services for Children and Adolescents under 21 (Level A).

1. Such services shall be a combination of therapeutic services rendered in a residential setting. The residential services will provide structure for daily activities, psychoeducation, therapeutic supervision and psychiatric treatment to ensure the attainment of therapeutic mental health goals as identified in the individual service plan (plan of care). Individuals qualifying for this service must demonstrate medical necessity for the service arising from a condition due to mental, behavioral or emotional illness, which results in significant functional impairments in major life activities in the home, school, at work, or in the community. The service must reasonably be expected to improve the child's condition or prevent regression so that the services will no longer be needed. DMAS will reimburse only for services provided in facilities or programs with no more than 16 beds.
2. In addition to the residential services, the child must receive, at least weekly, individual psychotherapy that is provided by a licensed mental health professional.
3. Individuals must be discharged from this service when other less intensive services may achieve stabilization.
4. Authorization is required for Medicaid reimbursement.
5. Room and board costs are not reimbursed. Facilities that only provide independent living services are not reimbursed.
6. Providers must be licensed by the Department of Social Services, Department of Juvenile Justice, or Department of Education under the Standards for Interdepartmental Regulation of Children's Residential Facilities.
7. Psychoeducational programming must include, but is not limited to, development or maintenance of daily living skills, anger management, social skills, family living skills, communication skills, and stress management.
8. The facility/group home must coordinate services with other providers.

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NARRATIVE FOR THE AMOUNT, DURATION AND SCOPE OF SERVICES

G. Therapeutic Behavioral Services (Level B).

1. Such services must be therapeutic services rendered in a residential setting that provides structure for daily activities, psychoeducation, therapeutic supervision and psychiatric treatment to ensure the attainment of therapeutic mental health goals as identified in the individual service plan (plan of care). Individuals qualifying for this service must demonstrate medical necessity for the service arising from a condition due to mental, behavioral or emotional illness, which results in significant functional impairments in major life activities in the home, school, at work, or in the community. The service must reasonably be expected to improve the child's condition or prevent regression so that the services will no longer be needed. DMAS will reimburse only for services provided in facilities or programs with no more than 16 beds.
2. Authorization is required for Medicaid reimbursement.
3. Room and board costs are not reimbursed. Facilities that only provide independent living services are not reimbursed.
4. Providers must be licensed by the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) under the Standards for Interdepartmental Regulation of Children's Residential Facilities.
5. Psychoeducational programming must include, but is not limited to, development or maintenance of daily living skills, anger management, social skills, family living skills, communication skills, and stress management. This service may be provided in a program setting or a community based group home.
6. The child must receive, at least weekly, individual psychotherapy and, at least weekly, group psychotherapy that is provided as part of the program.
7. Individuals must be discharged from this service when other less intensive services may achieve stabilization.

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NARRATIVE FOR THE AMOUNT, DURATION AND SCOPE OF SERVICES

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- H. Inpatient psychiatric services shall be covered for individuals younger than age 21, for medically necessary stays for the purpose of diagnosis and treatment of mental health and behavioral disorders identified under EPSDT when such services are rendered by:
1. A psychiatric hospital or an inpatient psychiatric program in a hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations; or
 2. A psychiatric facility which is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, or the Council on Accreditation of Services for Families and Children.
 3. Inpatient psychiatric hospital admissions at general acute care hospitals and freestanding psychiatric hospitals shall also be subject to the requirements of 12 VAC 30-50-105, and 12 VAC 30-60-25. Inpatient psychiatric admissions to residential treatment facilities shall also be subject to the requirements of 12 VAC 30-130-850 *et. seq.*
 4. Inpatient psychiatric services are reimbursable only when the treatment program is fully in compliance with the Code of Federal Regulations at 42 CFR Part 441 Subpart D, as contained in 42 CFR § 441.151(a), (b) and §§ 441.152 through 441.156. Each admission must be preauthorized and the treatment must meet DMAS requirements for clinical necessity.
- 4c. Family planning services and supplies for individuals of child-bearing age.
- A. Service must be ordered or prescribed and directed or performed within the scope of the license of a practitioner of the healing arts.
 - B. Family planning services shall be defined as those services that delay or prevent pregnancy. Coverage of such services shall not include services to treat infertility or services to promote fertility.

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**STANDARDS ESTABLISHED AND METHODS USED TO ASSURE HIGH QUALITY OF
CARE**

- (8) Time for academic instruction when no treatment activity is going on cannot be included in the billing unit.
- (9) Services shall be provided following a diagnostic assessment that is authorized by a LMHP. Services must be provided in accordance with an ISP which must be fully completed within 30 days of initiation of the service.

2. Community Based Services for Children and Adolescents under 21 (Level A).

- a. The staff ratio must be at least 1 to 6 during the day and at least 1 to 10 while asleep. The program director supervising the program/group home must be, at minimum, a qualified mental health professional (as defined in 12VAC35-105-20) with a bachelor's degree and have at least one year of direct work with mental health clients. The program director must be employed full time.
- b. At least 50% of the direct care staff must meet DMAS paraprofessional staff criteria, defined in 12VAC30-50-226.
- c. Authorization is required for Medicaid reimbursement. DMAS shall monitor the services rendered. All Community Based Services for Children and Adolescents under 21 (Level A) must be authorized prior to reimbursement for these services. Services rendered without such authorization shall not be covered. Reimbursement shall not be made for this service when other less intensive services may achieve stabilization.
- d. Services must be provided in accordance with an Individual Service Plan (ISP) (plan of care), which must be fully completed within 30 days of authorization for Medicaid reimbursement.

3. Therapeutic Behavioral Services for Children and Adolescents under 21 (Level B).

- a. The staff ratio must be at least 1 to 4 during the day and at least 1 to 8 while asleep. The clinical director must be a licensed mental health professional. The caseload of the clinical director must not exceed sixteen clients including all sites for which the clinical director is responsible. The program director must be full time and be a qualified mental health professional with a bachelor's degree and at least one year's clinical experience.

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STANDARDS ESTABLISHED AND METHODS USED TO ASSURE HIGH QUALITY OF
CARE

- b. At least 50% of the direct care staff must meet DMAS paraprofessional staff criteria, as defined at 12VAC30-50-226. The program/group home must coordinate services with other providers.
 - c. All Therapeutic Behavioral Services (Level B) must be authorized prior to reimbursement for these services. Services rendered without such prior authorization shall not be covered.
 - d. Services must be provided in accordance with an ISP (plan of care), which must be fully completed within 30 days of authorization for Medicaid reimbursement.
4. Utilization Review: Utilization reviews for Community Based Services for Children and Adolescents under 21 (Level A) and Therapeutic Behavioral Services for Children and Adolescents under 21 (Level B) shall include determinations whether providers meet all DMAS requirements.

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STANDARDS ESTABLISHED AND METHODS USED TO ASSURE HIGH QUALITY OF
CARE

I. Home Health Services.

1. Home health services which meet the standards prescribed for participation under Title XVIII, excluding any homebound standard, will be supplied.
2. Home health services shall be provided by a licensed home health agency on a part-time or intermittent basis to a recipient in his place of residence. The place of residence shall not include a hospital or nursing facility. Home health services must be prescribed by a physician and be part of a written plan of care which the physician shall review, sign, and date at least every 60 days.
3. Covered Services: Any one of the following services may be offered as the sole home health service and shall not be contingent upon the provision of another service.
 - a. Nursing services,
 - b. Home health aide services,
 - c. Physical therapy services,
 - d. Occupational therapy services, or
 - e. Speech-language pathology services.

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